

CureTB

Household Contact Investigation

Referred by: _____ E-Mail: _____ Date: _____

¹Index Case Name: _____ Date of Birth: _____ Sex: ☐ M ☐ F
Paternal Maternal First

Infectious Period of Index Case: _____ to _____ Last Day at Household: _____

Household Address: _____
Number, Street "Colonia"/County

City, State, Zip Code Contact's Phone#: _____

List of Contacts (if known):

Contacts in: ☐ Mexico ☐ US

Name	DOB or Age	Relationship to Index Case	Comments

¹Send this information along with the Binational Notification form (CureTB: BN-50).

County of San Diego
 Health and Human Service Agency
 Public Health Services ▪ TB Control
 Tel. (619) 542-4013 ▪ Fax (619) 692-8020
 E-Mail: curetb.hhsa@sdcounty.ca.gov

